

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>6-3-04</u>		2 Serial/Patent # <u>10 509901</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/> Filing			9-29-04						
<input type="checkbox"/> Amendment			\$						
<input type="checkbox"/> Extension of Time			\$						
<input type="checkbox"/> Notice of Appeal/Appeal			\$						
<input type="checkbox"/> Petition			\$						
<input type="checkbox"/> Issue			\$						
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/> Maintenance			\$						
<input type="checkbox"/> Assignment			\$						
<input type="checkbox"/> Other			\$						
		7 TOTAL AMOUNT OF REFUND							
		\$ 80.00							
10 REASON:		8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check							
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:							
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
CC Refund									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Federick Smith</u>		TITLE: _____							
SIGNATURE: _____		PHONE: _____							
OFFICE: _____									

THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: